



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

received 1/29/14-cd

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed in service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**REVIEWED**

By Carol Day at 11:27 am, Mar 14, 2014

DATAMASTER SN <u>95-0003</u>	NAME OF AGENCY <u>MISSOURI STATE HIGHWAY PATROL</u>	DATE OF INSPECTION <u>01-23-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>CUBA POLICE DEPARTMENT</u>		TIME OF INSPECTION <u>1513</u>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>01-23-14 1513</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49°C</u>	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>PERCO MARKING INC</u> LOT # <u>12002</u> EXP. DATE <u>08-29-14</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>G62777</u> EXP. DATE <u>3-15-14</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.101</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</u>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u> (0-.04) <u>0</u> (.05-.09) <u>3</u> (.10-.14) <u>3</u> (.15-.19) <u>1</u> OVER .19 <u>1</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

THIS INSTRUMENT MEETS D.H.S.S. SPECIFICATIONS.

**INSPECTING OFFICER**

SIGNATURE <u>CPL G.A. WRODKE</u>	PRINT FULL NAME <u>CPL G.A. WRODKE</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230 319 12-17-15</u>	TELEPHONE NUMBER <u>573-368-2345</u>

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 12002**

**EXPIRATION DATE: August 29, 2014 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is August 30, 2012  
The expiration date for this lot number is August 29, 2014 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 950003  
01/23/14

TESTING OFFICER:  
WEDDLE/G/A  
OFFICER I.D.: 744  
PERMIT NUMBER: 230319  
EXPIRATION DATE: 12/17/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:17
INTERNAL STANDARD	VERIFIED	15:17
EXTERNAL STANDARD	.101	15:18
BLANK TEST	.000	15:19
EXTERNAL STANDARD	.101	15:19
BLANK TEST	.000	15:20
EXTERNAL STANDARD	.101	15:20
BLANK TEST	.000	15:21

N = 3  
SIM. = .1  
RMSE = .101

Face This Side Down - This Edge In First

# BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 950003  
01/23/14  
15:13

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2003): OKAY

HEATERS  
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z I \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

Operator Signature

*CR J. A. Wille*

Operator Signature

*CR J. A. Wille*

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
ERIC DATAMASTER SERIAL NUMBER 950003  
01/23/14

ARREST TIME: 00:00

SUBJECT NAME:

TEST

DOB: 09/09/09

SEX: M

STATE/D.L.: 00/00

ARRESTING OFFICER:

TEST

OFFICER I.D.: 00

TESTING OFFICER:

WETDLE/6/R

OFFICER I.D.: 744

PERMIT NUMBER: 230319

EXPIRATION DATE: 12/17/15

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST

.000

15:24

INTERNAL STANDARD

VERIFIED

15:24

RADIO INTERFERENCE

Operator Signature

*Eric M. White*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**GREG A WEDDLE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/17/2013

NUMBER 230319

EXPIRES 12/17/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

L 413-4 (F05-10)

 **STATE OF MISSOURI**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**BREATH ALCOHOL PROGRAM**

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator WEDDLE, GREG  
Permit No 230319  
Date Issued 12/17/2013 Date Expires 12/17/2015